

Consent to Use ServicePoint®

Computerized Record Keeping System

In order to provide faster and more definitive linkages to needed services, INSERT AGENCY NAME HERE collects personal information about the people we serve in a computer system called "ServicePoint®." ServicePoint® is an information system shared by the Lake County Alliance for Human Services and the Lake County Coalition for the Homeless that helps us improve service delivery and evaluate the effectiveness of services provided.

ServicePoint® is used by many service providers in Lake County, a full list of which is available upon request. ServicePoint® collects basic identifying information as well as services needed and provided.

WHY WE USE SERVICEPOINT®:

- To help keep this program and others like it going.
- So we know how many people we serve and the types of people we serve at our agency and in the County.
- So we all understand what people need and can plan services to meet these needs.

WHO CAN SEE INFORMATION THAT IS IN SERVICEPOINT®:

- People who work for this agency will use it to help provide services to you or your household.
- The ServicePoint® System Administrators at Lake County have access to information for the purpose of maintaining the database system.
- Auditors or others who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development.
- People using the system's information for reporting and funding purposes. Personal identifying information will never appear in reports.
- Others when we are required by law, including officials with a valid subpoena, warrant, or court order. We will not release your data for any other use unless you permit us, in writing.
- The central server for the ServicePoint® system is located in and operated Bowman Systems, Inc., the developer of the software. Client data is protected through locked entrances, firewalls, encryption, password protection, designated access levels, and other security measures.

By signing this document, you are saying that you understand that:

- Basic identifying information including name, date of birth, gender, race, residential and income information may be shared with other agencies participating in the ServicePoint® system to help serve you.
- Your medical information (including disability, HIV status, behavioral health and domestic violence history) will never be shared with other participating agencies unless specifically authorized by you through a separate release of information form.

I have read and understand the above material and I hereby consent that INSERT AGENCY NAME HERE enter the information for me or my child(ren)/ward(s)/dependent(s) into ServicePoint®.

Client/Parent/Guardian (Signature)

Date

Employee Signature

Date

Print Name

Print Name

Address

Title/Agency

City

State

Zip Code

Name of Child/Ward/Dependent (Under 18)

Name of Child/Ward/Dependent (Under 18)

Name of Child/Ward/Dependent (Under 18)